



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10085-RCL	
DEFENDANT Hana Al Jader (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Hana Al Jader		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 62 Cambridge Street, Winchester, MA 01890		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced individual via certified mail, return receipt requested. JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of <input checked="" type="checkbox"/> Plaintiff Kristina E. Barclay, Assistant U.S. Attorney		Telephone No. (617) 748-3100	Date Oct 23, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No _____	District to Serve No _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER
Date			
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman 01-17-07 Mary Lou Gilman Forfeitures Specialist	
REMARKS: The above described Order was served by certified mail. A copy of certified mail form 7001 2510 0003 4299 5167 is attached. Mailed on October 27, 2006. Postal records indicate delivery/receipt on October 28, 2006			

TD F 90-22.48 (6/96)

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Label/Receipt Number: 7001 2510 0003 4299 5167
Status: **Delivered**

Your item was delivered at 11:17 am on October 28, 2006 in
WINCHESTER, MA 01890.

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postm Here

JOHN F. KENNEDY ST. BOSTON, MA 02118
OCT 27 2006

Sent To
Hana Al Jader

Street, Apt. No.,
or PO Box No. **62 Cambridge St.**

City, State, ZIP+4
Winchester, MA 01890

PS Form 3800, January 2001

[See Reverse](#)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hana Al Jader
62 Cambridge St.
Winchester, MA 01890

 2. Article Number
(Transfer from service label)

7001 2510 0003 4299 5167

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Address
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		